

How to Login, View and File Claims

Go To: <https://paysysee.lh1ondemand.com>

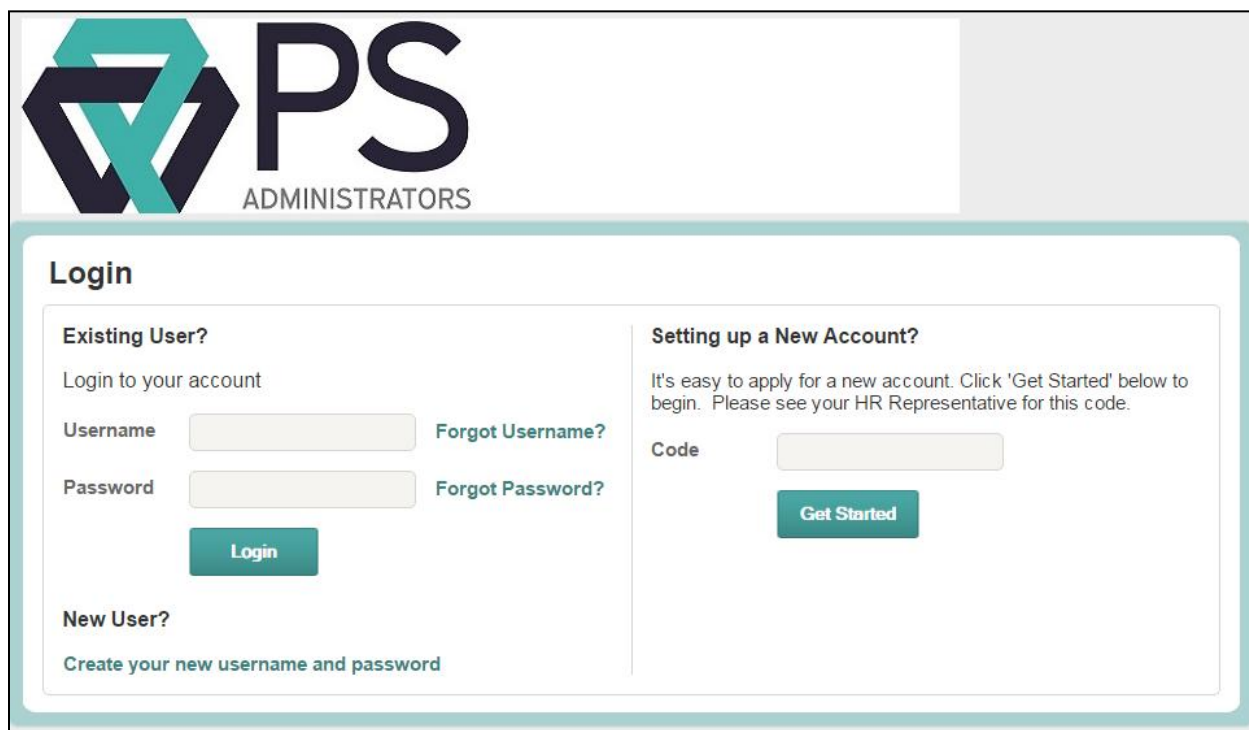
Sign in with your user name and password.

If you are a new enrollee, your user name and password are assigned as follows unless you have assigned your own during your enrollment process.

Example: Your name - Joe Smith Social Security # 123-45-6798

User Name: jsmith6798

Password: 6798



The screenshot shows the PS Administrators login interface. At the top left is the PS Administrators logo. Below it is a 'Login' section with two columns. The left column is for 'Existing User?' and contains fields for 'Username' and 'Password', each with a 'Forgot' link, and a 'Login' button. The right column is for 'Setting up a New Account?' and contains a 'Code' field and a 'Get Started' button. Below the 'Existing User?' section is a 'New User?' section with a link to 'Create your new username and password'.

Filing Claims

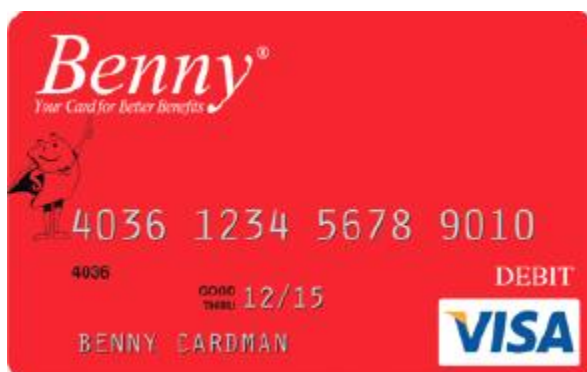
Now that you have enrolled in one or more of your employer's flexible benefits plans, you may begin to file claims against your enrolled account(s) upon the start date of your Plan Year.

You may access your plan account(s) in any of the following methods:

- 1. Debit Card Purchase** (*if your employer offers a debit card*): you may use your debit card at the point of purchase to use your plan dollars toward qualified purchases. Be sure to keep your receipts, as you may be required to submit them as proof of plan eligibility.
- 2. Online Claim Filing:** File your claims online via our participant portal website. Instructions are enclosed. Scanned receipts can be submitted when filing claims online.
- 3. Paper Claim Filing:** You may also file claims using the paper form(s) available on the website under the "Forms" tab, and attach required receipts according to IRS rules.

I. USE YOUR DEBIT CARD AT POINT OF PURCHASE (only for plans that offer health debit card)

Use your debit card at plan-approved vendors to pay for eligible expenses.

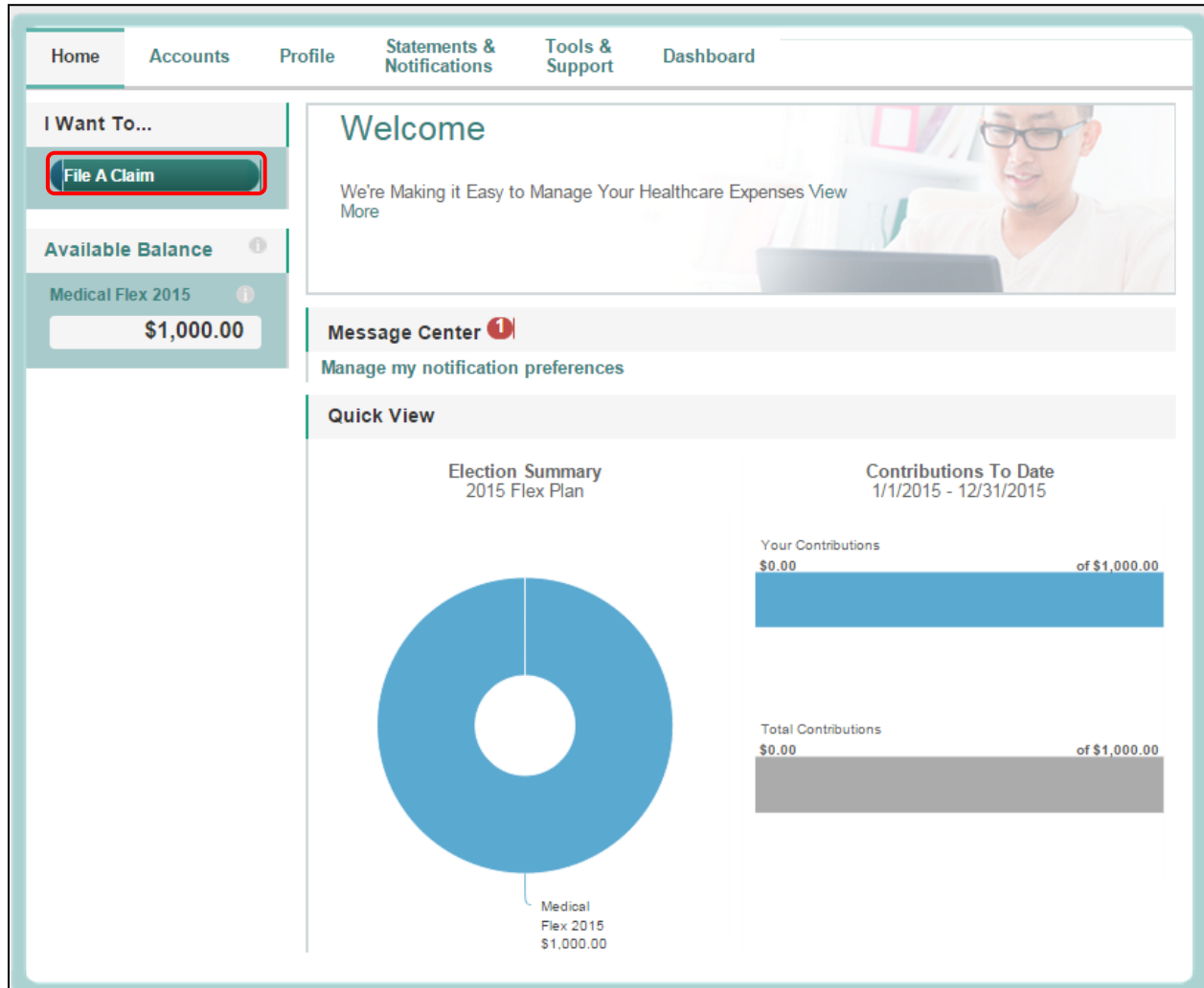


You will receive your card at your home address unless otherwise elected during enrollment.

You may be required to submit receipts after purchase, so save your receipts and keep an eye out for receipt requests via email notifications!

HOW TO FILE A CLAIM

Click on 'File A Claim' bar below



Home Accounts Profile Statements & Notifications Tools & Support Dashboard

I Want To...

File A Claim

Available Balance ⓘ

Medical Flex 2015 ⓘ

\$1,000.00

Welcome

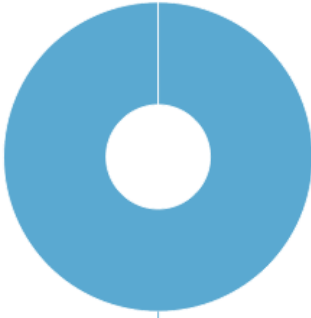
We're Making it Easy to Manage Your Healthcare Expenses View More

Message Center 1

Manage my notification preferences

Quick View

Election Summary 2015 Flex Plan



Medical Flex 2015 \$1,000.00

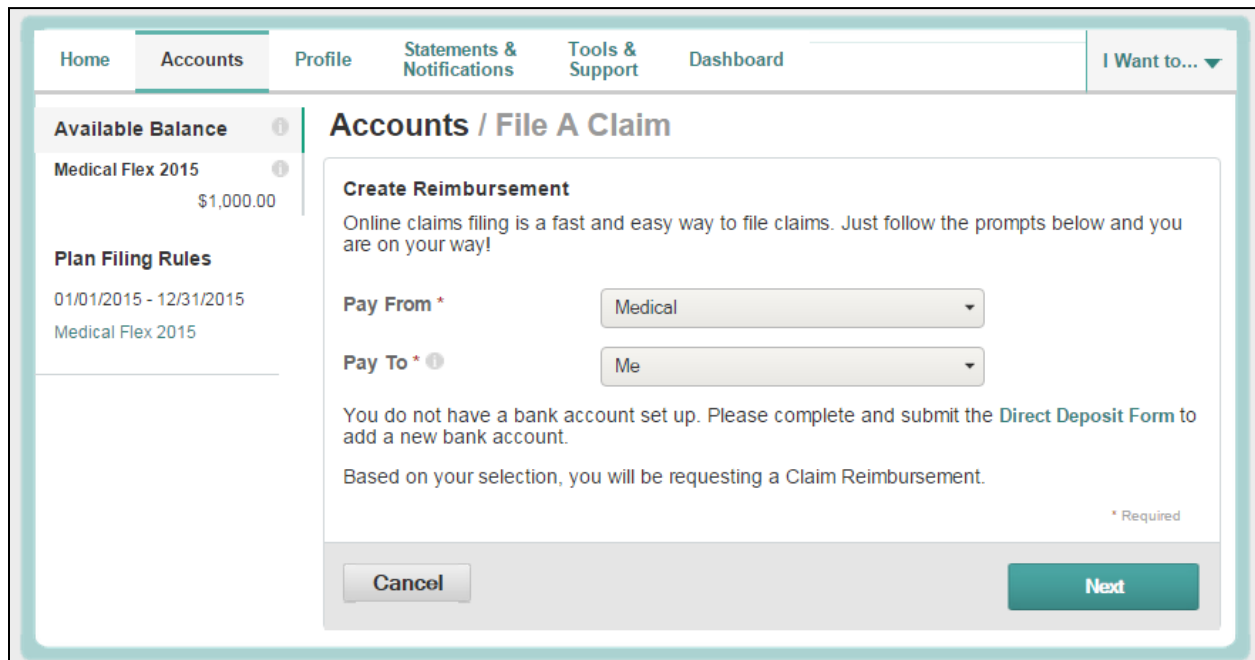
Contributions To Date 1/1/2015 - 12/31/2015

Your Contributions **\$0.00** of **\$1,000.00**

Total Contributions **\$0.00** of **\$1,000.00**

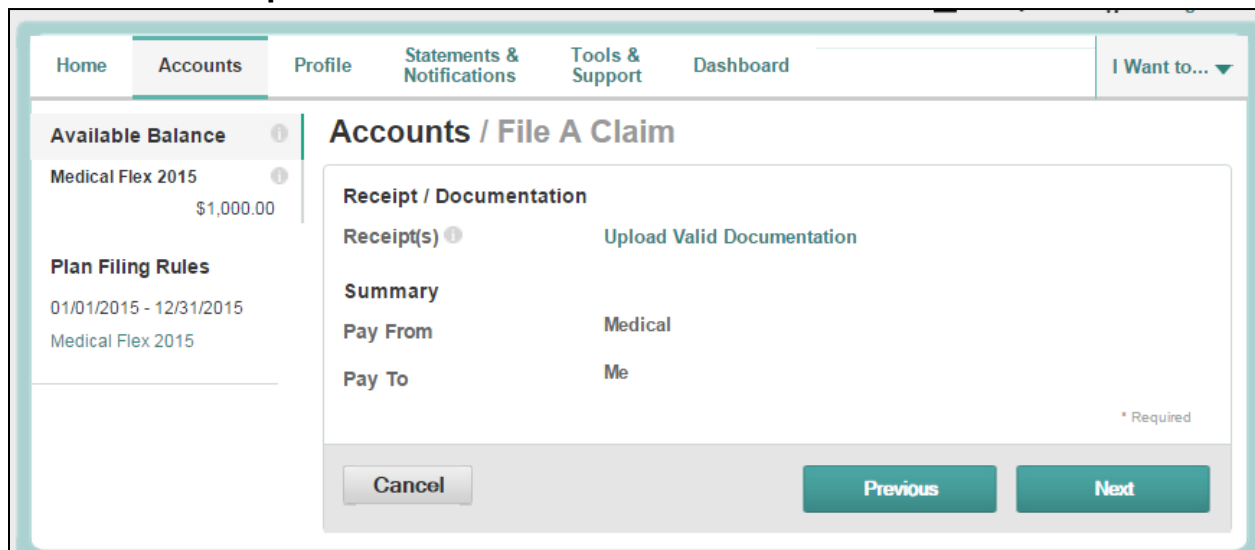
ACCOUNTS/FILE A CLAIM

If you have more than one account indicate which account from the drop down menu that you are requesting your reimbursement. All reimbursements will be paid to you.



The screenshot shows a web interface with a navigation bar at the top containing 'Home', 'Accounts', 'Profile', 'Statements & Notifications', 'Tools & Support', and 'Dashboard'. A dropdown menu 'I Want to...' is on the right. On the left, there is a sidebar with 'Available Balance' for 'Medical Flex 2015' at '\$1,000.00' and 'Plan Filing Rules' for '01/01/2015 - 12/31/2015' under 'Medical Flex 2015'. The main content area is titled 'Accounts / File A Claim' and contains a 'Create Reimbursement' section. It includes a message: 'Online claims filing is a fast and easy way to file claims. Just follow the prompts below and you are on your way!'. Below this are two dropdown menus: 'Pay From *' set to 'Medical' and 'Pay To *' set to 'Me'. A note states: 'You do not have a bank account set up. Please complete and submit the Direct Deposit Form to add a new bank account.' and 'Based on your selection, you will be requesting a Claim Reimbursement.' At the bottom right, there is a '* Required' label. At the bottom of the form are 'Cancel' and 'Next' buttons.

This next step is where you can upload your receipt. If you do not have a smart phone to take the picture or a scanner to upload the receipt you may email, fax or US mail the receipt to us.



The screenshot shows the same web interface as the previous one, but the main content area is now titled 'Accounts / File A Claim' and contains a 'Receipt / Documentation' section. It includes a 'Receipt(s)' field with a plus icon and a link 'Upload Valid Documentation'. Below this is a 'Summary' section with 'Pay From' set to 'Medical' and 'Pay To' set to 'Me'. At the bottom right, there is a '* Required' label. At the bottom of the form are 'Cancel', 'Previous', and 'Next' buttons.

CLAIM DETAILS

Complete the red asterisk fields identified below.

Home Accounts Profile Statements & Notifications Tools & Support Dashboard I Want to... ▾

Available Balance ⓘ
Medical Flex 2015 ⓘ
\$1,000.00

Plan Filing Rules
01/01/2015 - 12/31/2015
Medical Flex 2015

Accounts / File A Claim

Claim Details

Start Date of Service * ⓘ

End Date of Service ⓘ

Amount * \$

Provider *

Category * ⓘ

Type *

Description

If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description.

Recipient * Mickey Mouse

Add Dependent

Did You Drive To Receive This Product/Service? * ⓘ Yes No

Summary

Pay From Medical

Pay To Me

Documentation Uploaded No

* Required

TRANSACTION SUMMARY

Agree to the Terms and click Submit

Home
Accounts
Profile
Statements & Notifications
Tools & Support
Dashboard
I Want to... ▼

Available Balance ⓘ

Medical Flex 2015 ⓘ

\$900.00 **

** Balance reflects claims not yet submitted

Accounts / Transaction Summary

Transaction Summary (1)

From	To	Expense	Amount	Approved Amount	
Medical Flex 2015	Me	Dental Copay	\$100.00	\$100.00	Remove Update
Total Amount			\$100.00	\$100.00	

Claims Terms and Conditions ▼

I have read, understand, and agree to the Terms and Conditions.

Cancel
Save for Later
Add Another
Submit

ACCOUNTS/TRANSACTION CONFIRMATION

Home
Accounts
Profile
Statements & Notifications
Tools & Support
Dashboard
I Want to... ▼

Available Balance ⓘ

Medical Flex 2015 ⓘ

\$900.00

Accounts / Transaction Confirmation

Confirmation

You will receive reimbursement within 7 to 10 business days following the date of approval.

Successfully Submitted

From	To	Amount	Approved Amount	Receipt Status
Medical Flex 2015	Me	\$100.00	\$100.00	Required Upload Receipt
Total Approved Amount			\$100.00	

Additional Receipt Submission Options

Print the [Claim Confirmation Form](#) to submit with receipts if faxed or mailed.

Fax (925) 464-7553

Mail 1600 Riviera Avenue
Suite 150
Walnut Creek, CA 94596



PS ADMINISTRATORS Contact Information

MAIL CLAIMS TO: PS Administrators Claims Dept
1600 Riviera Ave., Ste 150
Walnut Creek, CA 94596

FAX CLAIMS TO: PS Administrators
Claims Dept
925-464-7553

EMAIL CLAIMS TO: customersupport@payroll-us.com

FOR QUESTIONS: Call Claims Dept at 877-739-1574

OR

Email : customersupport@payroll-us.com
Website: www.payroll-us.com